pplication of Docket Number	r Docket Number	or	pplication
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PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

35- C 15319

CLAIMS AS FILED - PART I (Column 1)						mn 2)	SMALL ENTITY TYPE		OR	OTHER SMALL I		
TOTAL CLAIMS			AD				Г	RATE	FEE)	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		В	ASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS ##D minus 20=					· 20			X\$ 9=		OR	X\$18=	Med
INDEPENDENT CLAIMS / minus 3 =					•			X40=.		OR	X80=	
MULTIPLE DEPENDENT CLAIM PRESENT						P		+135=		OR	+270=	270;
* If the difference in column 1 is less than zero, enter				r "0" in c	olumn 2	L	TOTAL		OR	TOTAL	DW1)	
	CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							SMALL E	NTITY	OR	OTHER SMALL I	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	IEST BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDM	Total	· 5 8	Minus	**	NO	= 18	\prod	X\$ 9=	\bigcirc	OR.	X\$18=	324-00
AME	Independent	* Z NTATION OF MI	Minus	***	3			X40=		OR	X80=	. 1
L	FINOT PRESE	INTATION OF MI	ULTIPLE DE	PENDEN	CLAIM		¹	+135≐		OR	+270= (Pd.
							<u> </u>	TOTAL		OR	TOTAL ADDIT, FEE	4
		(Column 1)		(Colu	mn 2)	(Column 3)	AL.	ODIT. FEE		, ,	ADDII, FEE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT	,	HIGH NUM PREVIO PAID	IEST BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
MON	Total	•	Minus	**		=] [X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***	-	=] [X40=		OR	X80=	
	FIRST PRESE	NTATION OF M	JETIPLE DEI	PENDENT	CLAIM		」	+135=		OR	+270=	·
	·						Ι.	TOTAL DIT. FEE			TOTAL ADDIT, FEE	,
		(Column 1)		(Colu	mn 2)	(Column 3)		,				
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	:	RATE	ADDI- TIONAL FEE
NDW	Total	•	Minus.	**		= .	lΓ	X\$ 9=		OR	X\$18=	7
AME	Independent	*	Minus	*** 7		=	11	X40=		OR	X80=	
	FIRST PRESE	NTATION OF M	ULTIPLE DEI	PENDENT	F CLAIM	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	┛┢					
• 1	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.											
***	** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											

PATENT	APPLICATION	FEE DETERMINAT	ION RECORD
PAISNI	AFFLICATION	FEE DETENMINAT	

Effective October 1, 2000

pplication or Docket Number

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CLAIMS AS FILED - PART I (Column 1) (Column 2)						mn 2)	SMALL EN	TITY	OR	OTHER SMALL I	
TOTAL CLAIMS			40	Service Control of the Control of th			RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		BASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS ## minus 20=						D	X\$ 9=		OR	X\$18=	Med
INDEPENDENT CLAIMS / minus 3 =							X40=		OR	X80=	
MULTIPLE DEPENDENT CLAIM PRESENT						Y	+135=		OR	+270=	270,
* If the difference in column 1 is less than zero, enter "0					r "0" in c	olumn 2	TOTAL		OR	TOTAL	MO
	CL	AIMS AS A	MENDED	- PAR	RT II					OTHER	
-		(Column 1)	■ 18 C · · · · Cino · Jan · · · · · · · · · · · · · · · · · · ·		mn 2)	(Column 3)	SMALL		OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDW	Total	*	Minus	**		=	X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***		=	X40=		OR	X80=	
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						÷135=		OR	+270=	
			TOTAL		OR	TOTAL ADDIT. FEE					
		(Column 1)		(Colt	ımn 2)	(Column 3)	ADDIT. FEE		4	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIG NUI PREV	HEST MBER TOUSLY D FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDW	Total	*	Minus	**		=	X\$ 9=		OR	X\$18=	
ME	Independent	*	Minus	***		=	X40=		OR	X80=	
<u> Ľ</u>	FIRST PRESE	NTATION OF M	ULTIPLE DEF	PENDEN	IT CLAIM		+135=		OR	+270=	
							TOTAL		ł	TOTAL	
						,	ADDIT. FEE	<u> </u>	OR	ADDIT. FEE	<u> </u>
<u> </u>	48.99	(Column 1) CLAIMS	KK \$100 EV 166		umn 2) HEST	(Column 3)		·	1		1 .55:
AMENDMENT C		REMAINING AFTER AMENDMENT		NU PREV	MBER /IOUSLY D FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
QM QM	Total	*	Minus	**		=	X\$ 9=		OR	X\$18=	:
ME	Independent	*	Minus	***		=	X40=		OR	X80=	
Ľ	FIRST PRESE	NTATION OF N	MULTIPLE DE	PENDE	NT CLAIM				1	<u> </u>	
	If the entry in colu	mn 1 is loss than	the entry in col-	ımn 2 ve	rite "O" in o	olumn 3	+135=		OR	+270=	
**	if the entry in colu If the "Highest Nu "If the "Highest Nu	mber Previously I	Paid For" IN TH	IS SPACE	E is less th	an 20, enter "20."	ADDIT. FEE		OR	ADDIT. FEE	
1	The "Highest Num	nhar Provincely D	aid For" (Total o	r Indana	ndant\ ie th	ne highest number	r found in the ar	propriate bo	ox in co	olumn 1.	